

PARTNER IDENTIFICATION FORM AND COST SHARE WORKSHEET**Please complete one form for each partner (other than the Applicant Organization).****1. Institution/Organization** _____**Point of Contact:** Name _____

Title _____ Department _____

Address _____

City _____ State _____ Zip _____

Telephone _____ e-mail _____ Fax _____

2. Type of Organization:

Are you an Local Education Agency (LEA)?

____ Yes ____ No

Are you an Institution of Higher Education (IHE)?

____ Yes ____ No

Type of IHE:

____ Four-Year ____ Two-Year

____ Public ____ Private

____ College ____ University

____ HBCU ____ HSI ____ TCCU ____ NHSI ____ ANSI

Other types:

____ Business

____ Community-based organization

____ Professional association

____ Philanthropic Organization

____ State Agency

Other: _____

3. Non-Federal Fund contribution provided by Partner

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	TOTAL
1. Salaries and Wages							
2. Employee Benefits							
3. Travel							
4. Materials and Supplies							
5. Consultants and Contracts							
6. Other							
A. Total Direct Costs (Sum of lines 1-6)							
B. Total Indirect Costs: (Cannot be greater than 8% of Total Direct Costs)							
C. Equipment							
D. Scholarships/Tuition Assistance							
E. TOTAL (Lines A + B+ C+D)							

Please summarize the partner's specific support and commitment to the project in this space.

SIGNATURE OF AUTHORIZING OFFICIAL: _____

NAME OF AUTHORIZING OFFICIAL: _____

TITLE OF AUTHORIZING OFFICIAL: _____